2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000137294

1. Entity Name
JADE MARRI YOUNGBLOOD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 694	P.O. BOX 694
FELDA, FL 33930 US	FELDA, FL 33930 US

DO NOT WRITE IN THIS SPACE

01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
56-2490238	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

---

6. Name and Address of Current Registered Agent

COLEMAN, ROBERT
1400 A 15TH STREET N
IMMOKALEE, FL 34142

DO NOT WRITE IN THIS SPACE

---

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

---

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	YOUNGBLOOD, JADE MARRI
STREET ADDRESS	P.O. BOX 694
CITY-ST-ZIP	FELDA, FL 33930

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000584060
01/12/07--80020--020 150.00

DO NOT WRITE IN THIS SPACE

---

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 1/9/07   239-657-3644

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #